



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

KSF ORTHOPAEDIC CENTER PA  
17270 RED OAK DRIVE SUITE 200  
HOUSTON TEXAS 77090

#### **Respondent Name**

FEDERAL INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 17

#### **MFDR Tracking Number**

M4-12-2156-01

#### **MFDR Date Received**

February 22, 2012

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Nicole Collier, PTA is licensed but not eligible for a Medicare provider number or an NPI number (National Provider Identification) and without those numbers [sic] Therefore we must bill under licensed therapist Angela Dailey, LPT since she has an NPI number, which is required to be in box 24J of the 1500 HCFA when billing for workcomp and Medicare charges."

**Amount in Dispute:** \$236.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The physical therapy treatment in dispute in this matter was performed by Nicole Collier, PTA. However, she did not bill for the treatment. The bill was submitted by Angela Dailey, LPT, but she did not perform the treatment. DWC Rule 133.20 (d)(2) states that a health care provider that provided the treatment shall submit its own bill unless the health care was provided by an unlicensed individual under the direct supervision of a licensed health care provider. This is also restated in subsection (e)(2) of the same rule. In this case, Ms. Collier is licensed as evidenced by the initials after his name. Therefore, Ms. Collier should have submitted her own billing."

**Response Submitted by:** Downs-Stanford, P.C.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 20, 2011	97110	\$236.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated October 20, 2011

- Note: Per rule 133.20 (e)(2), a medical bill must be submitted in the name of the licensed health care provider that provided health care or that provided direct supervision of an UNLICENSED individual who provided healthcare. COLLIER PTA is rendering HCP.
- B20 – Srvc partially/fully furnished by another provider

Explanation of benefits dated February 6, 2012

- 193 – Original payment decision maintained
- B20 – Srvc partially/fully furnished by another provider

### **Issues**

1. Did the requestor submit the medical bills in accordance with 28 Texas Administrative Code §133.20?
2. Is the requestor entitled to reimbursement?

### **Findings**

1. 28 Texas Labor Code §401.011, titled, *General Definitions*, states in pertinent part. "In this subtitle... (21) "Health care practitioner" means: (A) an individual who is licensed to provide or render and provides or renders health care; or (B) a nonlicensed individual who provides or renders health care under the direction or supervision of a doctor.
2. 28 Texas Administrative Code §133.20, titled, *Medical Bill Submission by Healthcare Provider*, states in pertinent part, (e)(2) states in pertinent part "(e) A medical bill must be submitted: 2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care..."
  - Review of the CMS-1500's for date of service September 20, 2011 documents in box 31, that Angela Dailey, LPT billed for the disputed services.
  - Review of the "Physical Therapy: Daily Prog Note" documents that for date of service September 20, 2011, Nicole Collier, PTA rendered the physical therapy services.
  - The requestor did not meet the billing requirements of 28 Texas Administrative Code §133.20. As a result reimbursement cannot be recommended.

For the reason stated above, the requestor is not entitled to reimbursement of the disputed charge rendered September 20, 2011.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
November 5, 2013  
Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**